

Disaster Check-In

Call Date/Time: _____

Member Name: _____ Phone: _____ Key/Door/Gate Code: _____
Address: _____ Nearest Cross
Streets / Landmarks: _____

1. EVACUATION & LOCATION RISK

- **Flood Plain:** Yes No Unsure
- **Do you plan to evacuate if advised?** Yes No — *If staying, why?* _____
- **Safe Evacuation Route:** Route is passable Route likely to flood/blocked
- **Transportation:** Has reliable vehicle/ride **Needs Assistance**

2. SUSTAINABILITY (SHELTER IN PLACE)

(Can they survive 5 days trapped at home?)

- **Food & Water:** Has 3+ days of non-perishable food & water. **NO** – At risk of hunger/dehydration.
- **Medication:** Has 1-week supply of daily meds. **NO** – Will run out soon.

3. MEDICAL & POWER NEEDS

- **Power Dependent Equipment (O2, CPAP, Etc.):** No Yes: _____
 - *Backup Power Available?* Yes No
- **Mobility / Physical Status:** Mobile (Walks independently) Limited (Walker/Wheelchair - **Needs help to exit**) Bedbound (Requires Ambulance/Fire Dept)
- **Current Status:** Safe right now Injured/Unsafe: _____

4. EMERGENCY CONTACT (Not living with members)

- **Name:** _____ **Relation:** _____
- **Phone:** _____

Follow-up needed? Yes No **Priority:** Low Medium High

Caller Name: _____ Date/Time: _____